



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS**  
**APPLICATION INSTRUCTIONS FOR INITIAL/NEW LICENSE  
TO SELL PRENEED FUNERAL CONTRACTS**



**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 32-7-10 et. seq.  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
803-734-4291/800-922-1594/803-734-4229 FAX

**Street Address**  
2221 Devine St., Suite 200  
Columbia, SC 29205

## A. APPLICATION

Please submit following items for processing the application to sell preneed funeral contracts:

- (a) The license application, completed in its entirety and a **\$250, non-refundable application fee per location listed in Question #12.**
- (b) A bond form which must be completed by a properly licensed insurance company or an irrevocable letter of credit issued by your bank **per location listed in Question #12 as instructed by Instructions Section C.**
- (c) Current financial statement (balance sheet) and current tri-merge credit bureau report.

## B. FINANCIAL STATEMENT & CREDIT BUREAU REPORT

If your funeral home is incorporated, the credit bureau report should be on the owner and manager, but the financial statement should be on the funeral home. ***If your funeral home is not incorporated, the credit bureau report and financial statement should all be on the owner and manager.*** The credit bureau report can be **tri-merged**, including all three reporting agencies within the report or one from Experian, Transunion, and Equifax. Personal financial statements of the funeral home manager and owner may be substituted for **new company statements**. ("New" being a company in business for less than one year.)

## C. BOND OR LETTER OF CREDIT

The amount required on the bond or letter of credit will increase as your total dollar amount of outstanding contracts increases, as shown below. **It is the responsibility of each funeral home licensed to sell preneed funeral contracts to maintain the appropriate bond or letter of credit amount.**

<u>Total Insurance &amp; Trust Balance</u>	<u>Amount of Bond or Letter of Credit Required</u>
\$0-100,000	\$15,000
100,001-250,000	30,000
250,001-500,000	45,000
500,001 and over	75,000

## D. SEND COMPLETED APPLICATIONS TO:

SC Department of Consumer Affairs  
Preneed Funeral Contracts  
P.O. Box 5757  
Columbia, SC 29250-5757

**MAKE CHECKS PAYABLE TO:**  
**South Carolina Department of Consumer Affairs**

### For more information contact:

Matalie L. Mickens, Preneed Program Coordinator ~ (803) 734-4291 ~ [mmickens@scconsumer.gov](mailto:mmickens@scconsumer.gov)  
Tiffany D. Gibson, Staff Attorney ~ (803) 734-0047 ~ [tdgibson@scconsumer.gov](mailto:tdgibson@scconsumer.gov)



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**DO NOT FAX THIS FORM**

See Application Instructions. **Please Type or Print Legibly in Ink.**  
Attach additional page(s) as necessary.

**For Department Use Only**

Filing Date: \_\_\_\_\_

**A. GENERAL BUSINESS INFORMATION**

1. Name of Funeral Home: \_\_\_\_\_

2. a. Funeral Home License Number: \_\_\_\_\_ b. Preneed License Number: \_\_\_\_\_

3. Street Address of Funeral Home: \_\_\_\_\_  
*Street address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *County*

4. Mailing Address of Funeral Home: \_\_\_\_\_  
*Street address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *County*

5. Telephone Number(s): \_\_\_\_\_ Fax Number(s): \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Website (if available): \_\_\_\_\_

8. Name of Funeral Director: \_\_\_\_\_

a. Funeral Director's License Number: \_\_\_\_\_

9. List the names and business addresses of every owner, member, officer and director of the Funeral Home.  
(Attach a separate statement if necessary.)

Name	Official Title	Address

10. Current Business Type:

- a. ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Corporation  
(Attach a copy of the agreement, Articles of Incorporation, or Articles of Organization, as applicable.)

11. Is your funeral home owned by a holding company or another corporation? ☐ Yes ☐ No

*If yes, attach details.*

12. LOCATIONS: List all funeral home locations that will: (A) (1) offer and sell preneed funeral contracts, (2) receive payments on preneed funeral contracts or (3) receive and/or hold any preneed funeral contracts and (B) designate a preneed funeral contracts contact person(s) for each location.

*(Attach additional sheets if necessary.)*

**NOTE: The filing fee is \$250 per location.**

Address	Phone Number	Contact Person

13. Multiply the number of locations in Application Question #12 by \$250.00= \_\_\_\_\_

**This total amount is your filing fee.**

#### **B. BACKGROUND QUESTIONS**

14. Is the funeral home named as a defendant in any lawsuit? ☐ Yes ☐ No

*If the answer is yes, attach complete details of the litigation(s).*

15. Have you ever had any funeral service or preneed license denied, suspended, revoked, surrendered or have you ever been disciplined by licensing authorities in this or any other state or jurisdiction. ☐ Yes ☐ No

*If yes, attach a separate statement giving complete details.*

16. Has any monetary payment, including the sale of preneed insurance, ever been accepted for the purpose of furnishing or providing future services or funeral merchandise? ☐ Yes ☐ No

*If yes, attach a separate statement furnishing the names, dates, and amounts of funds.*

17. Have any verbal or written agreements been made and/or payment accepted for future goods or services? ☐ Yes ☐ No

*If yes, attach a separate statement furnishing the names, dates, and amounts of funds accepted.*

18. Number of services that you performed in the previous calendar year: \_\_\_\_\_

19. How many preneed contracts do you expect to sell in a calendar year if you are licensed? \_\_\_\_\_

#### **C. OTHER ATTACHMENTS:** Please use the checklist below to verify your application is complete.

**Incomplete information could result in delay or denial of your application.**

- ☐ \$250 Application Fee **per location (the amount calculated in Application Question #13).**
- ☐ Financial Statement for the applicant (funeral home) as of the most recent fiscal year. Personal financial statements of the funeral home manager and owner may be substituted for **new company statements**. ("New" being a company in business for less than one year.)
- ☐ Credit Report of the owner and manager. The credit bureau report should be a tri-merge report (an inclusive report of the three nationwide credit reporting agencies) or one report each from Experian, Transunion, and Equifax.
- ☐ Original Bond or Letter of Credit based on Application Instructions Section C

- ☐ A copy of the organization's agreement, Articles of Incorporation, or Articles of Organization, as applicable.
  - ☐ Evidence of registration with the South Carolina Secretary of State, if a corporation, limited liability company, or limited partnership. (i.e. a copy of Certificate of Existence or Certificate of Authority to Transact Business in South Carolina).
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The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this application and that all information contained herein and in addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial and revocation of the application or license and subjects him/her to criminal prosecution for perjury. **The undersigned acknowledges the duty and agrees to update and correct this information as it changes.** The undersigned warrants that his or her signature below is duly authorized and delivered by and for the entity for which he/she signs.

\_\_\_\_\_  
Signature of person completing the form

\_\_\_\_\_  
Type or Print your name

\_\_\_\_\_  
Type or Print your Business Relationship or Title

SWORN TO AND SUBSCRIBED before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public For: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_